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**Testimony of Barbara J. Collins
Connecticut Bar Association
Chair, Human Rights and Responsibility Section**

In SUPPORT of HB 7015

An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients

**Judiciary Committee
March 18, 2015**

Thank you for allowing me to address our position today regarding HB 7015, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients.

I am Barbara J. Collins, Chair of the Human Rights and Responsibility Section of the Connecticut Bar Association, and a past president of the CT Bar Association. I write regarding the proposed Act allowing persons who are terminally ill to legally end their life in certain circumstances. The Section would support the bill as presently drafted but would be opposed if any of the safeguards are removed because we believe that additional protections are essential to ensure that adults with severe physical and mental disabilities who do not want to terminate their life are protected.

There are many adults in Connecticut who must rely upon the aid of others to perform many if not all of the daily tasks of life such as bathing, toileting and feeding. Many cannot speak or write and must rely upon others to do their communication and may have inadequate support and services. Unfortunately, many look on such citizens and think- if that was me I would kill myself or what a burden they are on their family if they do not have inadequate supports and services. Providing care to such adults is expensive to the State, the insurance companies and families. Disabled citizens are aware of the expense and feel the financial and emotional pressure to eliminate the expense.

HB 7015 as presently drafted does make an implicit assumption that the person seeking aid in dying is an elderly person or someone who had no disabilities except a major illness that will be fatal in a short period. However the Act as presently drafted does give some protection to those who are disabled or are succumbing to the financial pressure from family or a lack of adequate medical care. That is why the Section supports the four (4) provisions of the Act which it believes will protect citizens from undue pressure and ensure that anyone who utilizes the rights under the Act does it of his or her own free will. We also believe that none of the four (4) protections impose an unreasonable burden on any person who wishes to terminate their life. As mentioned, if any of the four are eliminated then the Section would oppose the bill.

The four protections are as follows:

1. Provide that care-givers and heirs cannot be a witness to the request of the patient for medication to aid in dying. The logic behind this proposal is much like the requirement that heirs cannot be witnesses to a will in which they are a beneficiary, the economic incentive.

2. Require that the attending physician along with another independent physician, not in the same practice, must agree on the terminal nature of the illness. The Act does put a burden on doctors to effectively agree and support a patient's decision to die but it also requires a doctor to make assumption about the wishes of a disabled patient, particularly ones who cannot speak or may be mentally handicapped. Protection #2 would eliminate any danger of a physician assuming that the patient no longer wishes to live and lessens the ability of any family member, insurance company or caregiver to pressure a doctor to support a suicide.

3. Provide that the Office of Protection and Advocacy for People with Disabilities' jurisdiction not be limited by the Act so that, when requested, it may review each request to insure that the motivation for the request is not based upon the inadequate medications, services or supports. If a request raised questions concerning the motivation, then OPAPD could work with the applicant to obtain the necessary care, services or supports.

4. Provide a requirement that the two independent physicians referenced in #2 above must advise the patient of the availability of counseling and that the applicant shall be referred for a mental health evaluation/counseling when there is a question of competency. The purpose of this evaluation is to ensure that the applicant is not seeking suicide because of depression or any other mental health condition. Such evaluations are required for gastric bypass operations whose consequences are much less severe.

The proposed legislation is very important and will have dramatic impact on citizens in Connecticut, we just want to ensure that only those adults who truly wish to utilize its provisions do so, and we urge that none of the four (4) protections be eliminated from the final bill.